



HOME QUESTIONNAIRE

Name:

Street Address:

Apt/Unit #:

City:

State:

Zip:

Phone Number:

UNFCU Member ID #:

Social Security #:

Occupation:

Date of Birth: (mm/dd/yy)

Visa Type:

Male/Female:

Marital Status:

Spouse Name:

Male/Female:

Prior Address: (if less than 3 years)

Current Carrier:

Expiration Date:

Email Address:

Alternate Phone #:

HOME INFORMATION

Owner Occupied or Rented to Others:

Primary Residence or Secondary?

Closing Date:

Square Footage:

Year of Construction:

Style of House:

Number of Stories:

Number of Families:

Construction Type:

Alarm System & Type:

Smoke Detectors:

Deadbolt Locks:

Fire Extinguisher:

Primary Heating Type:

If Oil Heat – Location of Tank:

List any Pets/Breed:

Pool?

Patio/Deck/Porch Square Footage:

Finished Basement Square Footage:

Finished Attic Square Footage:

Other Structures:

Garage:



How Many:

Bedrooms:	Full Bathrooms:	Half Bathrooms:
Fireplaces:	Wood Burning Stoves:	Skylights:
Hot Tub/Jetted Tub:	Central Vacuum:	Trampoline:

Any Updates/Renovations: (list year)

Heating:	Wiring:	Plumbing:	Roofing:
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Describe Any Other Renovations:

Any Valuable Items to Insure: (furs, jewelry, fine arts, etc.)

Any Losses/Claims: (within past 5 years)

Notes: